

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

INDIVIDUAL TREATMENT PLAN

NAME: Cannon TDCJ# 164 16 51 UNIT: HOLLIDAY Date: 06/13/2011

PRIMARY DSM-IV AXIS I & II DIAGNOSTIC IMPRESSIONS

DSM-IV CODE

AXIS I: Major Depressive Disorder w/ Paranoia
AXIS II: Personality Disorder not Specified - Narcissistic

296.24
301.90

PROBLEMS/SYMPTOMS, GOALS AND TREATMENT PROGRAMS

1 No Overt Hostile Outbursts, but Paranoid Thoughts, Suspicious, Angry, Anxious
GOAL: Reduce Paranoid Thoughts, Suspicious, Angry, Anxious
TREATMENT PROGRAM: Paranoid Thoughts - Paranoid (Paranoia) Group
FREQUENCY: 1x Week DURATION: 12 Weeks
CLINICIANS NAME/TITLE: MARCIANO LIMSIACO MD. SIGNATURE: [Signature]
DATE(S) REVIEWED: _____ DATE RESOLVED: _____
OUTCOME: _____

2 No Overt Hostile Outbursts, but Paranoid Thoughts, Suspicious, Angry, Anxious
GOAL: Reduce Paranoid Thoughts, Suspicious, Angry, Anxious
TREATMENT PROGRAM: Paranoid Thoughts - SATP - RPT Group
FREQUENCY: 1x Week DURATION: 12 Weeks
CLINICIANS NAME/TITLE: STEPHEN GILLILAND MS. SIGNATURE: [Signature]
DATE(S) REVIEWED: _____ DATE RESOLVED: _____
OUTCOME: _____

3
GOAL: _____
TREATMENT PROGRAM: _____
FREQUENCY: _____ DURATION: _____
CLINICIANS NAME/TITLE: _____ SIGNATURE: _____
DATE(S) REVIEWED: _____ DATE RESOLVED: _____
OUTCOME: _____

4
GOAL: _____
TREATMENT PROGRAM: _____
FREQUENCY: _____ DURATION: _____
CLINICIANS NAME/TITLE: _____ SIGNATURE: _____
DATE(S) REVIEWED: _____ DATE RESOLVED: _____
OUTCOME: _____

HSP - 4 (REV 12/97)

DATE INTERVIEWED: 06/08/101SCREENER'S INITIALS: [Signature]

TDCJ DIAGNOSTIC AND EVALUATION PROCESS **DIAGNOSTIC SCREENING INTERVIEW**

NAME: Cardwell, John Wesley TDCJ #: 1041681
 DOB: 9/1/10 AGE: 37 SEX: ☒ MALE ☐ FEMALE
 PLACE OF BIRTH: Harlingen, TX RACE: ☒ CAUCASIAN
 OLD TDC #: 052822400 ☐ AFRICAN-AMER.
 PRIOR TDC INCARCERATIONS: ☒ YES ☐ NO ☐ HISPANIC
 PRIOR ASSIGNMENT TO CTC: ☒ YES ☐ NO ☐ OTHER:
 PRIOR ASSIGNMENT TO MRQ: ☒ YES ☐ NO
 ON PSYCH. SERVICES CASELOAD: ☒ YES ☐ NO

CURRENT OFFENSE: MS 092019

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

- ☒ NONE
- ☐ SPANISH-SPEAKING ONLY
- ☐ HEARING/VISUAL IMPAIRED
- ☐ WHEELCHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM
- ☐ SECURITY RISK
- ☐ OTHER: MS 092019

FURTHER DIAGNOSTIC EVALUATION RECOMMENDED: ☒ YES ☐ NO

REASON FOR REFERRAL:

- ☒ DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS
- ☒ HISTORY OF MENTAL HEALTH TREATMENT
- ☒ CURRENT SUICIDAL IDEATION
- ☒ PRIOR SUICIDAL GESTURE(S)
- ☒ DISPLAYED UNUSUAL BEHAVIOR
- ☐ AFFECTIVE DISTRESS NOTED
- ☒ UNUSUAL NATURE OF OFFENSE
- ☐ HIGH RISK FOR ADJUSTMENT PROBLEMS
- ☐ OTHER: MS 092019

OTHER GENERAL COMMENTS:

YES NO

1. HOW ARE YOU FEELING? Good

2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?

DID YOU GET ANY TYPE OF COUNSELING?

FROM WHOM? (IF APPLICABLE)

WHAT WAS IT FOR?

WHEN WAS IT?

WHERE WAS IT?

3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR

NERVES, MENTAL PROBLEMS, OR EMOTIONAL PROBLEMS?

SPECIFY THE MEDICATION:

WHEN DID YOU TAKE THIS MEDICATION?

BY WHOM WAS IT PRESCRIBED?

() PSYCHIATRIST

() PHYSICIAN

() OTHER:

CURRENT PSYCHOTROPIC MEDICATION:

4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?

WHY?

WHEN?

WHERE?

5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?

WHAT TYPE?

6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?

SPECIFY:

7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?

HOW MANY TIMES?

HOW?

() CUT ARM/WRIST

WHEN?

WHY?

WAS MEDICAL ATTENTION REQUIRED?

8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?

HOW?

9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?

10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?

SPECIFY: RADIO SOUNDS

YES NO

☒ ☐ 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: SHADOWS

☒ ☐ 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? Pass Messages To Other People Without Talking

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

☒ NONE ☒ BARBITURATES ☒ METHAMPHETAMINE (SPEED)
☒ HEROIN ☒ ACID ☒ INHALANTS PERIST, GAS
☒ COCAINE ☒ ALCOHOL ☒ MARIJUANA ☒ PCP ☒ OTHER MUSHROOM

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE 8TH

WHERE? USA MEXICO OTHER: CLUB
 DO YOU HAVE A ☒ HIGH SCHOOL DIPLOMA ☒ GED

15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES? ☐ YES ☒ NO
 WHY? SPED

WHAT GRADE(S)? 2ND

16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOYS' HOME, OR OTHER GROUP HOME? ☒ YES ☐ NO

WHY? McKENNA CDC Runaway

17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: NO

☒ ☐ 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?
SOMETIMES

19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

BEHAVIORAL OBSERVATIONS

APPEARANCE: ☒ UNREMARKABLE ☐ DISHEVELED ☐ ODD

HYGIENE: ☒ GOOD ☐ FAIR ☐ POOR

INTERACTION: ☒ COOPERATIVE ☐ LIMITED ☐ UNCOOPERATIVE

MOTOR BEHAVIOR: ☒ WITHIN NORMAL LIMITS ☐ RESTLESS ☐ DID NOT MOVE

SPEECH: ☒ CLEAR ☐ MUMBLING ☐ SPEECH IMPEDIMENT

RATE: ☒ SPONTANEOUS ☐ FAST

MOOD: ☒ WITHIN NORMAL LIMITS ☐ SAD ☐ IRRITABLE

☒ UNUSUALLY HAPPY ☐ ANXIOUS ☐ FRIGHTENED

ALERTNESS: ☒ ALERT ☐ CONFUSED ☐ DAZED ☐ DISTRACTED

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY

By virtue of my signature on this form, I agree that my participation in mental health treatment is voluntary. I understand that I may discontinue treatment at any time and treatment may not be forced upon me unless I present an imminent threat to myself or others due to a mental disorder. I understand that the clinician providing treatment to me will fully explain the nature of the treatment, the treatment plan, the risks and benefits of treatment and the alternatives to treatment.

I understand the limits of confidentiality as described below:

The contents of a counseling, interview or assessment session are considered to be confidential. Both verbal information and written records about a patient cannot be shared with another party without the written consent of the patient or the patient's legal guardian. Noted exceptions are as follows:

1. When a patient discloses intentions or a plan to harm himself or another person, or to participate in activity which may jeopardize the safety of the institution, the clinician is mandated by law to report this information to the appropriate authorities
2. If a patient states or suggests that a child or vulnerable adult is in danger of abuse, the clinician is required to report this information to the appropriate authorities
3. In the event of a patient's death, the spouse or parents of the patient may have a right to access to the patient's medical records after proper documents are submitted in accordance with policies and procedures
4. TDCJ is required to release records of patients when a court order has been made
5. Information about patients may be disclosed in consultations with other professionals in order to provide the best possible treatment
6. Other health services staff have access to the information contained in the patient's medical record
7. The warden or designee may have access to a patient's medical record in the event of legitimate need
8. Members of the Board of Pardons and Paroles and their designees have access to the medical record.

I have read or had read to me, the above information in a language I understand. I agree that participation in mental health treatment is voluntary and understand the information contained in this form.

John Carmon
Patient's Name (Printed)

104 16 51
TDCJ #

John Carmon
Patient's Signature

STEPHEN GILLILAND, M.S.
Clinician's Name (Printed)

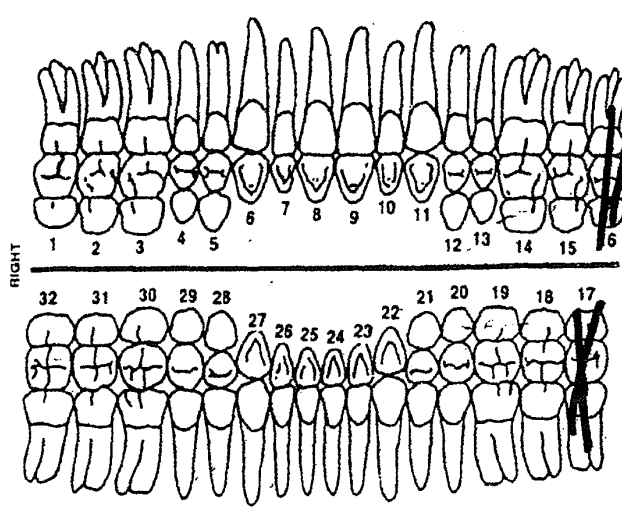
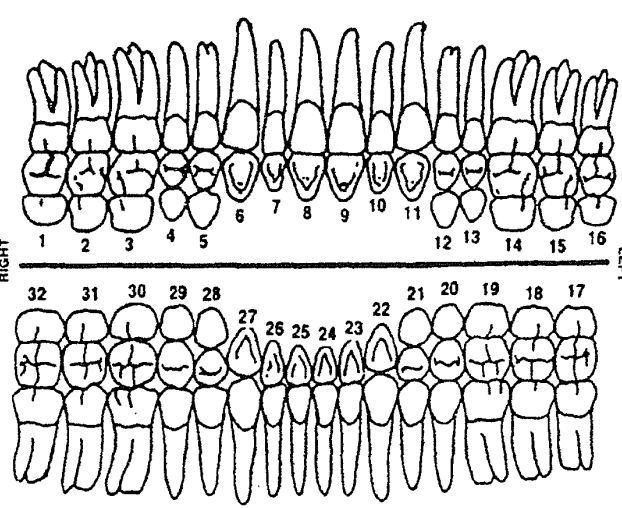

[Signature]
Clinician's Signature

06/15/2001
Date

HSP-3 (Rev. 12/97)

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7-15

<p style="text-align: center;">TDCJ 1041651 06</p> <p>CARDWELL, JOHN WESLEY RACE W SEX M DOB 09-01-61 DATE REC'D 06-07-01 DATE EXAM 06-11-01</p> <p>I. PATIENT IDENTIFICATION</p> <p style="text-align: center;">MISSING TEETH; DISEASES; ABNORMALITIES</p> <div style="text-align: center;">  </div> <p style="text-align: center;">PROVISIONAL PERIODONTAL TYPE</p> <p>CIRCLE ONE I <input checked="" type="checkbox"/> III IV</p> <p>X-ray used in this examination: Panograph: <input checked="" type="checkbox"/> Other (specify) _____</p> <p>If no pano taken during examination complete below:</p> <p style="text-align: center;">EXISTING RESTORATION & TREATMENTS</p> <div style="text-align: center;">  </div>	<p style="text-align: center;">HEALTH SERVICES DENTAL SERVICES RECORD</p> <p style="text-align: center;">INPROCESSING EXAMINATION</p> <p style="text-align: center;">DENTAL/MEDICAL HISTORY</p> <p>Has a doctor every told you you have:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>1. Heart Problems</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>9. Uncontrolled Bleeding</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2. Heart Murmur</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>10. Stomach Ulcers</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3. High Blood Pressure</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>11. Asthma/Respiratory Problems</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Diabetes</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>12. Allergic to Medications</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>5. Epilepsy</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>13. Taking Medications</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>6. Artificial Joints/Valves</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>14. (Women) Pregnant</td> <td></td> <td></td> </tr> <tr> <td>7. Rheumatic Fever</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>15. Other</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>8. Hepatitis/Liver Disease</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>REMARKS:</p> <p>#8 - C</p> <p>#12 - Psych meds For HBP</p> <p>Serviceable existing prostheses? _____</p> <p style="text-align: center;">OVERALL PRIORITY</p> <p>CIRCLE ONE 1 2 <input checked="" type="checkbox"/> 4 5</p> <p>Place of Examination: HOLLIDAY</p> <p>Date/Time: JUN 11 2001</p> <p>Signature of Dentist: DR. MICHAEL KIRKWOOD </p>		Y	N		Y	N	1. Heart Problems		<input checked="" type="checkbox"/>	9. Uncontrolled Bleeding		<input checked="" type="checkbox"/>	2. Heart Murmur		<input checked="" type="checkbox"/>	10. Stomach Ulcers		<input checked="" type="checkbox"/>	3. High Blood Pressure	<input checked="" type="checkbox"/>		11. Asthma/Respiratory Problems		<input checked="" type="checkbox"/>	4. Diabetes		<input checked="" type="checkbox"/>	12. Allergic to Medications	<input checked="" type="checkbox"/>		5. Epilepsy		<input checked="" type="checkbox"/>	13. Taking Medications		<input checked="" type="checkbox"/>	6. Artificial Joints/Valves		<input checked="" type="checkbox"/>	14. (Women) Pregnant			7. Rheumatic Fever		<input checked="" type="checkbox"/>	15. Other		<input checked="" type="checkbox"/>	8. Hepatitis/Liver Disease	<input checked="" type="checkbox"/>				
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HSD-3(REV.5/97)

McCollum/ Cardwell-137

06/19/2001

DEDICATION PASS

TDC NO.: 01041651
UNIT: NF

NAME: CARDWELL, JOHN WESLEY
HOUSING LOCATION: C1
BED: 010

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
ENGERIX-B VACCINE 20MCG	DAD, HUNG T	06/11/01	08/09/01	0	2 12/07/01
INJECT 1 ML INJECT 1 TIME EVERY 60 DAYS FOR 60 DAYS.					
RANITIDINE 150MG TAB	DAD, HUNG T	06/07/01	07/06/01	0	0 00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
HYDROCHLOROTHIAZIDE 25MG	DAD, HUNG T	06/07/01	07/06/01	0	0 00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
✓ NORTRIPTYLINE 25MG CAPSULE	LINSIACO, MARCIA	06/13/01	07/12/01	0	2 09/10/01
TAKE 2 CAPS EVERY HS (8:00PM) X 30 DAYS					
✓ BENZTROPINE MES 2MG TABLET	LINSIACO, MARCIA	06/13/01	07/12/01	0	2 09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS					
✓ RISPERIDONE 2MG TABLET	LINSIACO, MARCIA	06/13/01	07/12/01	0	2 09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS (NF#412763)					

VZ
6-19

2-17

MEDICATION PASS

06/13/2001

TDC NO.: 01041651

NAME: CARDWELL, JOHN WESLEY

UNIT: NF

HOUSING LOCATION: BORN K8B

BED: 005

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
EMBERIX-B VACCINE 20MCG	DAD, HUNG T	06/11/01	08/09/01	0 2	12/07/01
INJECT 1 ML INJECT 1 TIME EVERY 60 DAYS FOR 60 DAYS.					
RANITIDINE 150MG TAB	DAD, HUNG T	06/07/01	07/06/01	0 0	00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
HYDROCHLOROTHIAZIDE 25MG	DAD, HUNG T	06/07/01	07/06/01	0 0	00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
RISPERIDONE 2MG TABLET 4	LINSIAGO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS					
NORTRIPTYLINE 25MG CAPSULE	LINSIAGO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 2 CAPS EVERY HS (8:00PM) X 30 DAYS					
BENZTROPINE MES 2MG TABLET	LINSIAGO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS					

6/13/01

McCollum/ Cardwell-138

MEDICATION PASS

06/11/2001

TIC NO.: 01041651
UNIT: NF

NAME: CARDWELL, JOHN WESLEY
HOUSING LOCATION: DORM KBB BED: 005

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
RISPERIDONE 3MG TAB #	OROCFSKY, VASAN	06/07/01	06/13/01	0	0 00/00/00
TAKE 1 TAB EVERY HS (8:00PM) X 7 DAYS					
MERTRIPTYLINE 75MG CAPSULE	OROCFSKY, VASAN	06/07/01	06/13/01	0	0 00/00/00
TAKE 1 TAB EVERY HS (8:00PM) X 7 DAYS					

KR 6-11

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MEDICATION PASS

06/11/2001

TDC NO.: 01041651

UNIT: NF

NAME: CARDWELL, JOHN WESLEY

HOUSING LOCATION: DORM K8B

BED: 005

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
RISPERIDONE 3MG TAB #	ORDCOFSKY, VASAN	06/07/01	06/13/01	0	0 00/00/00
TAKE 1 TAB EVERY HS (8:00PM) X 7 DAYS					
NORTRIPTYLINE 75MG CAPSULE	ORDCOFSKY, VASAN	06/07/01	06/13/01	0	0 00/00/00
TAKE 1 TAB EVERY HS (8:00PM) X 7 DAYS					
✓ ENGERIX-B VACCINE 20MCG	DAO, HUNG T	06/11/01	08/09/01	0	2 12/07/01
INJECT 1 ML INJECT 1 TIME EVERY 60 DAYS FOR 60 DAYS.					
✓ RANITIDINE 150MG TAB	DAO, HUNG T	06/07/01	07/06/01	0	0 00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
✓ HYDROCHLOROTHIAZIDE 25MG	DAO, HUNG T	06/07/01	07/06/01	0	0 00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					

1CR
6-11

7-19

McCollum/ Cardwell-140

MEDICATION PASS

06/29/2001

IC NO.: 01041651
IT: GRNAME: CARDWELL, JOHN WESLEY
HOUSING LOCATION: B1

CELL: 14

UG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
IGERIX-B VACCINE 20MCG	DAO, HUNG T	06/11/01	08/09/01	0 2	12/07/01
INJECT 1 ML INJECT 1 TIME EVERY 60 DAYS FOR 60 DAYS.					
INITIDINE 150MG TAB	DAO, HUNG T	06/07/01	07/06/01	0 0	00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
PROCHLOROTHIAZIDE 25MG	DAO, HUNG T	06/07/01	07/06/01	0 0	00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
ORTRIPTYLINE 25MG CAPSULE	LIMSIACO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 2 CAPS EVERY HS (8:00PM) X 30 DAYS					
ENZTROPINE MES 2MG TABLET	LIMSIACO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS					
ISPERIDONE 2MG TABLET	LIMSIACO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS--(NF#412763)					

MEDICATION PASS

06/29/2001

TDC NO.: 01041651
UNIT: GRNAME: CARDWELL, JOHN, WESLEY
HOUSING LOCATION: B1

CELL: 14

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
ENGERIX-B VACCINE 20MCG	DAO, HUNG T	06/11/01	08/09/01	0 2	12/07/01
INJECT 1 ML INJECT 1 TIME EVERY 60 DAYS FOR 60 DAYS.					
RANITIDINE 150MG TAB	DAO, HUNG T	06/07/01	07/06/01	0 0	00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
HYDROCHLOROTHIAZIDE 25MG	DAO, HUNG T	06/07/01	07/06/01	0 0	00/00/00
TAKE 1 TABLET 1 TIME EVERY DAY FOR 30 DAYS.					
NORTRIPTYLINE 25MG CAPSULE	LIMSIACO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 2 CAPS EVERY HS (8:00PM) X 30 DAYS					
BENZTROPINE MES 2MG TABLET	LIMSIACO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS					
RISPERIDONE 2MG TABLET #	LIMSIACO, MARCIA	06/13/01	07/12/01	0 2	09/10/01
TAKE 1 TAB EVERY HS (8:00PM) X 30 DAYS--(NF#412763)					

** REQUESTOR: NFMEDMS - GILLILAND, STEPHEN HOLLIDAY UNIT ***

** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 4127430 DATE: 06/19/01 TIME: 10:05am PRIORITY: 000

TO: NFMEDMS - GILLILAND, STEPHEN
ASSOCIATE PSYCHOLOGIST IV
HOLLIDAY UNIT
295 I-45 N
HUNTSVILLE, TX 77340-2958

FROM: J4MEDMK - A2/B2 ADMINISTRATION

JESTER IV UNIT
RICHMOND, TEXAS 77469

SUBJECT: NONFORMULARY CONSULT NF

TO DR AMADEO
FR M. PONDRUM, PHARM.D.

APPROVAL

CARDWELL, JOHN 1041651 NF
RISPERIDONE UP TO 6 MG/D
ADD, RECURRENT WITH PSYCHOSIS

FROM CO JAIL ON MED, WILL CONT TX

Sent to: NFMEDMS GILLILAND, STEPHEN (to)

CARDWELL, JOHN WESLEY
RACE M SEX M DOB 09-01-61
DATE REC'D: 06-07-01
DATE FILED: 06-07-01

Page:
Consolidated

Date _____

BYE

Master Problem List

[illegible]

1. "Date Onset" = Date when Evidence of the problem began.
2. "Date Active" = Date when the problem was recognized or formulated.
3. "Resolution" = Problem no longer considered to be active; A dated, initialed comment amplifies.

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INSTITUTIONAL DIVISION

☆ HSM-11 (Rev. 4/92)

725

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION10:19:14
06/11/2001NAME: CARDWELL, JOHN WESLEY
TDCJ#: 01041651 SID#: 03055666
UNIT: NF HOUSING: K8B-005
JOB: UANSON PROCESSEDDOB: 09/01/1961
WGT: 213 LBS
HGT: 5'04"P U L H E S

3	1	1	1	2	3
E	A	A	A	B	N
P				P	T

I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION
☐ B. REGIONAL MEDICAL FACILITY
☐ C. EXTENDED CARE FACILITY
☐ D. PSYCHIATRIC CARE FACILITY

☐ E. BARRIER-FREE FACILITY☐ F. SINGLE LEVEL FACILITY

SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES ___ NO

SUITABLE FOR SAIP FACILITY? X YES ___ NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. SINGLE CELL ONLY
☐ 3. DOUBLE CELL ONLY
☐ 4. SPECIAL HOUSING (HOUSING WITH
 PATIENT WITH LIKE MEDICAL CONDITION
☐ 5. CELL BLOCK ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. LOWER ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION
☐ 2. GROUND FLOOR ONLY

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED
☐ 2. PSYCHIATRICAL UNASSIGNED
☐ 3. SEDENTARY WORK ONLY
☐ 4. FOUR HOUR WORK RESTRICTION
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION
☐ 6. EXCUSE FROM SCHOOL
☐ 7. LIMITED STANDING
☐ 8. NO WALKING > ___ YARDS
☐ 9. NO LIFTING > ___ LBS.
☐ 10. NO BENDING AT WAIST
☐ 11. NO SQUATTING
☐ 12. NO CLIMBING
☐ 13. LIMITED SITTING
☐ 14. NO REACHING OVER SHOULDER
☐ 15. NO FOOD SERVICE
☐ 16. NO REPETITIVE USE OF HANDS
☐ 17. NO WALKING ON WET UNEVEN SURFACES
☐ 18. DO NOT ASSIGN TO MEDICAL
☐ 19. NO WORK IN DIRECT SUNLIGHT
☐ 20. NO TEMPERATURE EXTREMES
☐ 21. NO HUMIDITY EXTREMES
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS
☐ 24. NO WORK REQUIRING SAFETY BOOTS
☐ 25. NO WORK AROUND MACHINES WITH MOVING PART
☐ 26. NO WORK EXPOSURE TO LOUD NOISES
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☒ A. NO RESTRICTIONS
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION
☐ B. MEDICAL REPRESENTATIVE REQUIRED
☐ C. PSYCH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION
☐ B. EMS AMBULANCE
☐ C. WHEELCHAIR VAN
☐ D. VAN (SOUTHERN REGION ONLY)

A. SHABAAZ

N.P.

06/11/2001

PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSM-18 (REV. 11/95)

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7-24

ABSTRACT OF IMMUNIZATIONS TUBERCULIN SKIN TESTS

~~CARDWELL, JOHN WESLEY~~
~~RACE M SEX M DOB 09-01-6~~
~~DATE REC'D 06-07-01~~
~~DATE EXAM 06-11-01~~

DATE REC'D 06-07-61

DATE EXAM 06-11-01

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TDCJ 1041651 06

CARROLL, JAMES L. TEXAS DEPARTMENT OF CRIMINAL JUSTICE
 STATE PRISON - COS 10-01-6 INSTITUTIONAL DIVISION
 DATE RECEIVED 09-07-16
 DATE FILED 09-07-16

TUBERCULOSIS HISTORY AND CLASSIFICATION

1. Age 39
2. PPD 15 mm Date 6/3/01
3. Chest x-ray: Within normal limits _____ Abnormal _____ Date _____
4. NO History of previous exposure to TB

Name _____	Start Date _____	End Date _____
Name _____	Start Date _____	End Date _____
Name _____	Start Date _____	End Date _____
5. _____ History of chemoprophylaxis

Start date _____	End date _____	# months continuous treatment _____
------------------	----------------	-------------------------------------
6. _____ History of chemotherapy

Start date _____	End date _____	# months continuous treatment _____
------------------	----------------	-------------------------------------
7. _____ Prolonged steroid therapy
8. _____ Prolonged immunosuppressive therapy
9. _____ Reticuloendothelial or hematologic diseases, such as leukemia and/or Hodgkin's Disease
10. _____ Diabetes Mellitus
11. _____ Silicosis
12. NO Post-gastrectomy or other clinical situations associated with malnourishment
13. NO Chronic hemodialysis
14. YES Acute hepatitis
15. NO HIV seropositive
16. NO Prior IV drug abuse
17. NO Male to male sexual contact

_____ Class 0: No TB exposure, not infected

INMATE NAME: _____

_____ Class 1: TB exposure, no infection

_____ Class 2: TB infection, without disease

TDCJ-ID #: _____

_____ Class 3: TB, current disease

_____ Class 4: TB, no current disease

_____ Class 5: TB suspect

TDCJ 1341671

CROWELL, JOHN
 DATE RECEIVED 1-61
 DATE EXAM (Patient I.D.)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
 INSTITUTIONAL DIVISION
 HEALTH SERVICES

REPORT OF PHYSICAL EXAMINATION

OCCUPATION:

Carpenter

HT: 65

WT: 203

TEMP: 98.5

PULSE: 84

RESP: 16

VISUAL ACUITY

RT. 20/20 CORR: to 20/20

LT. 20/20 CORR: to 20/20

AUDITORY ACUITY

RT. WV 15 SV 15

LT. WV 15 SV 15

SCREENING

SYS: 120/90

DIAS:

VALIDATION

SYS:

DIAS:

REMARKS (Vision & Hearing)

RT 10/50

10/10 vision LT

LT 10/40

CLINICAL EVALUATION

1. HEAD and NECK
2. EYES
3. ENT
4. DENTAL
5. CHEST, BREAST
6. CARDIOVASCULAR
7. HEMOPOIETIC/LYMPHATIC
8. ABDOMEN
9. GASTROINTESTINAL
10. ENDOCRINE/METABOLIC
11. NUTRITIONAL
12. UPPER EXTREMITIES
13. SPINE
14. LOWER EXTREMITIES
15. SKIN
16. RECTAL GU
17. OB-GYN (PELVIC)
18. NEUROLOGIC
19. PSYCHIATRIC
20. COMMENTS ON AVAILABLE LABORATORY DATA:
21. COMMENTS ON CURRENT MEDICAL REGIMENS:
22. OTHERS:

NOTES: DESCRIBE EVERY ABNORMALITY IN DETAIL.
 CLARITY IN DESCRIPTION OF CLINICAL PICTURE NEEDED.

39 years old
 2 - Refraction & by of glasses
 6 - HCTZ x 1 mo
 Med - HCTZ 25mg QD
 9 - Reports Reflux
 Med - Zantac 150mg QD
 15 - Tattoos T & L, LLE

REMARKS:

P=SEP 2° HTN & HCV

Designators

Codes

Modifiers

P	U	L	H	E	S
3	1	1	1	2	1
E	A	A	A	B	A
P	P	P	P	P	P

CLINICIAN'S SIGNATURE

A. SHABAAZ, M.P.

6-11-01

0840

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TIME:

7-27

TDCJ 1341571
 CARDWELL, JOHN WILEY
 MADE IN TEXAS HOSPITAL Patient ID# 1-61
 DATE RECEIVED 6-11-01
 DATE EXAM 6-11-01

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
 INSTITUTIONAL DIVISION
 HEALTH SERVICES

MEDICAL HISTORY

I. IDENTIFICATION

Occupation Carpenter Education GED Religion Penny Costello
 DOB 7-1-61 County McLennan Previous TDCJ# 752922

II. FAMILY HISTORY (Father, Mother, Brothers, Sisters)

WHO?	YES	NO		YES	NO
1. Diabetes <u>F</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Hepatitis or Liver Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Smoker <u>Y</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Kidney Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. High Blood Pressure <u>F & S</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Peptic Ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cancer <u>F</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Rheumatism/Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Blood Disease (sickle cell anemia, hemophilia, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Non Intravenous Drug Abuse/Alcoholism <u>Y</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. PERSONAL HISTORY

1. Heart Disease/Angina		<input checked="" type="checkbox"/>	20. Glasses/Hearing Aid		<input checked="" type="checkbox"/>
2. High Blood Pressure	<input checked="" type="checkbox"/>		21. Sexually Transmitted Diseases		<input checked="" type="checkbox"/>
3. Diabetes		<input checked="" type="checkbox"/>	22. Drug Allergies		<input checked="" type="checkbox"/>
4. Tuberculosis		<input checked="" type="checkbox"/>	23. Tetanus Immunization DATE:	<input checked="" type="checkbox"/>	
5. INH Prophylaxis		<input checked="" type="checkbox"/>	24. Prior HIV Test 00 71	<input checked="" type="checkbox"/>	
6. Epilepsy		<input checked="" type="checkbox"/>	25. Homosexual/Bisexual Activities		<input checked="" type="checkbox"/>
7. Asthma/Emphysema		<input checked="" type="checkbox"/>	26. Unprotected Sex with Multiple Partners		<input checked="" type="checkbox"/>
8. Cancer		<input checked="" type="checkbox"/>	27. Other		
9. Back Injury/Surgery		<input checked="" type="checkbox"/>	OBSTETRIC / GYNECOLOGICAL HISTORY		
10. Rheumatic Fever		<input checked="" type="checkbox"/>	1. Date of last menstrual period:	<input checked="" type="checkbox"/>	
11. Mental Illness	<input checked="" type="checkbox"/>		2. Number of pregnancies:	<input checked="" type="checkbox"/>	
12. Blood Disease (sickle cell anemia, hemophilia, etc.)		<input checked="" type="checkbox"/>	3. Number of live births:	<input checked="" type="checkbox"/>	

OBSTETRIC / GYNECOLOGICAL HISTORY

1. Date of last menstrual period:
2. Number of pregnancies:
3. Number of live births:
4. Date of last pap smear:
5. Date of last mammogram:
6. History of birth control methods (Pills, IUD, Diaphragm, etc.):

IV. HISTORY OF HOSPITALIZATIONS / CHRONIC ILLNESSES (Additional space on back)

Date	Hospital/Physician	Condition/Diagnosis
<u>6/11/01</u>	<u>NONE</u>	

Date:

HSM-3 (Rev 8/98)

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 Signature of Reviewer: John Cardwell
WILLIAMS

TDCJ NO. 1041651
D.O.B. 09/04/67

1. Asthma	YES	NO
2. Heart Trouble	YES	NO
3. High Blood Pressure	YES	NO
4. Diabetes	YES	NO
5. Seizures	YES	NO
6. Drug Addiction	YES	NO
7. Alcoholism	YES	NO
8. Mental Illness	YES	NO
9. Allergies	YES	NO

10. Infectious/Communicable Diseases:

Hepatitis	YES	NO
STD's (Venereal Disease)	YES	NO
HIV (Test)	YES	NO
Positive	YES	NO
Tuberculosis	YES	NO

11. Pregnant

	YES	NO
--	-----	----

No 2. TX. 92. --- Lou. TB @!!
No 8. Brass. RX

IF YES, WHEN?

IF YES: WHAT: Risperidone 2mg, Benztropine 2mg, Nortriptyline 25mg
Hydrochlorothiazide 25mg, Gabapentine 150mg, Enclonidine 13.20g
IS THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY? YES NO

IF YES; WHAT:

IF YES; GIVE LOCATION:

IF YES: WHAT:

IF YES; WHAT:

IN ACCORDANCE WITH STATE LAW, IF FUTURE VISITS TO A TDCJ FACILITY HEALTH CLINIC MEETS OFFENDER HEALTH CARE COPAYMENT CRITERIA, I UNDERSTAND THAT MY TRUST FUND WILL BE CHARGED A \$3.00 COPAYMENT FEE. I ALSO UNDERSTAND THAT I WILL BE PROVIDED ACCESS TO HEALTH SERVICES REGARDLESS OF MY ABILITY TO PAY THIS FEE

PATIENT SIGNATURE: John W. Cardwell

RECEIVER/SCREENER SIGNATURE: B. Jones, LVN DATE/ TIME: Jun 25 2001 / 000

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McGoffishMISchapel4250

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
RECEIVING SCREENING REPORT

A. NAME Cardwell John
COUNTY Williamson

TDCJ NO. 1041651
D.O.B. 9/1/61

B. HAVE YOU EVER BEEN TREATED FOR:

1. Asthma 9/5/01 YES ☒ NO
2. Heart Trouble YES ☒ NO
3. High Blood Pressure YES ☒ NO
4. Diabetes YES ☒ NO
5. Seizures YES ☒ NO
6. Drug Addiction YES ☒ NO
7. Alcoholism 9/3/92 YES ☒ NO
8. Mental Illness 8/9 YES ☒ NO
9. Allergies YES ☒ NO

10. Infectious/Communicable Diseases:
Hepatitis 0-72 YES ☒ NO
STD's (Venereal Disease) YES ☒ NO
HIV (Test) YES ☒ NO
Positive YES ☒ NO
Tuberculosis YES ☒ NO
11. Pregnant YES ☒ NO

C. IF YES TO ANY OF THE ABOVE, GIVE DATE AND TREATMENT RECEIVED:

#2 - last TX - 5/01 #8 CAST TX - 5/01
#3 - last TX - 5/01

D. DO YOU HAVE ANY CURRENT MEDICAL OR DENTAL PROBLEMS THAT NEED ATTENTION NOW? YES ☒ NO

IF YES; WHAT: CAD / Htn / Psych

E. HAVE YOU EXPERIENCED ANY OF THESE SYMPTOMS? COUGH, WEAKNESS, WEIGHT LOSS, FEVERS, NIGHT SWEATS, LOSS OF APPETITE OR LETHARGY? YES ☒ NO

IF YES, WHEN?

F. ARE YOU PRESENTLY TAKING OR SUPPOSED TO BE TAKING ANY PRESCRIBED MEDICATIONS? YES ☒ NO

IF YES; WHAT: Hctz / nitro / Zante / Panadol / Risperdal (Last dose 6/5/01)

G. IS THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY? YES ☒ NO

IF YES; WHAT:

H. HOW WERE THESE INJURIES RECEIVED ACCORDING TO THE PATIENT?

I. WERE YOU TREATED FOR THESE INJURIES PRIOR TO ADMISSION? YES ☒ NO

IF YES; GIVE LOCATION:

J. IS THERE EVIDENCE OR A NEED FOR IMMEDIATE MEDICAL ATTENTION? YES ☒ NO

IF YES; WHAT: medication

K. DOES THE PATIENT DISPLAY INAPPROPRIATE BEHAVIOR? YES ☒ NO

IF YES; WHAT:

L. REFERRED TO: INFIRMARY ☒ PSYCH ☒ SECURITY

IN ACCORDANCE WITH STATE LAW, IF FUTURE VISITS TO A TDCJ FACILITY HEALTH CLINIC MEETS OFFENDER HEALTH CARE COPAYMENT CRITERIA, I UNDERSTAND THAT MY TRUST FUND WILL BE CHARGED A \$3.00 COPAYMENT FEE. I ALSO UNDERSTAND THAT I WILL BE PROVIDED ACCESS TO HEALTH SERVICES REGARDLESS OF MY ABILITY TO PAY THIS FEE

PATIENT SIGNATURE: John Cardwell

RECEIVER/SCREENER SIGNATURE: Williamson PCA

DATE/ TIME: 6/7/01

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HSM-13 (Rev. 10/97)

RDV 7-30

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
INDIVIDUAL TREATMENT PLAN

INMATE NAME: Cardwell JohnTDCJ#: 1041657DOB: 9-1-61UNIT: 7ARace: WSex: MClinic: HCNDate: 6-11-01Time: 11

SUBJECTIVE:

ACV since '74
Asymptomatic
24 Q & A

Compliance

(Last Complete Dose)

OBJECTIVE:

BP: 129/90P: 74R: 74Temp: 98.6Wgt: 175

DIAGNOSTIC TESTING:

ASSESSMENT:

ACV by report

HSM-11: Appropriate UpdatedHSM-18: Appropriate Updated

PLAN:

1 Education
2 ACV nurse y/m per protocol > noted 6/11/01

LABS:

CBC

Chem

LFT

ALT

HAIC

PT

Dilantin Level

Fasting FSBS 2 times wkly

CXR

Cardiac Lipids

UA

EKG

CD4

HIV Viral Load

Cholesterol

Exercise:

Follow-up:

1

2

3

6

Weeks

Months

Diet:

DFH

{ Extra Snack X 2 3 }

Regular

Renal

1

2

3

6

Weeks

Months

EDUCATION AND COUNSELING:

6 EGOX or Tylenol, anticipatory guidance
y/m

Signature:

Date

Time

Stamp:

A. SHABAAZ, N.P.

HSM-70 (8/00)

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Noted 6/11/01 0840 (Kadley)

7-31

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
INDIVIDUAL TREATMENT PLAN

INMATE NAME:

Cardwell, John

TDCJ#: 1041051

DOB: 09/01/61

UNIT: N7

Race: W Sex: M

Clinic: H7N

Date: 06/15/12 Time: 122

SUBJECTIVE:

pr denies h/o of chest pain - but at tightness
and on time - where eye - 11 days h/o heart
attack - N2 is on by own motivation at Williamson
Cmpton: med at entry on date: at med N2 entry not
prisoner - broken - amides -

Compliance

(Last Complete Dose)

OBJECTIVE:

BP: 144/90 P: 96 R: 18
Temp: 97.8 Wgt: 212

6/16/12. P212

lung: amides on

heart on on

main patient of lat -

N2 is on - Patient: 212.

DIAGNOSTIC TESTING:

none

ASSESSMENT:

H7N. h/o h/o -
graduate

HSM-11: Appropriate Updated

HSM-18: Appropriate Updated

PLAN:

H7N

H7N 25 mg po q day 30 days

Ranidol 150 mg po q day 30 days -

LABS:

CBC

Chem 6

LFT

ALT

HAIC

PT

Dilantin Level

Fasting FSBS 2 times w/ky

CXR

Cardiac Lipids

UA

EKG

CD4

HIV Viral Load

Cholesterol

Exercise:

as tolerated

Follow-up:

1

2

3

6

Weeks

Months

7/6/10

Diet:

DFH

Regular

Renal

(Extra Snack X 2 3)

1

2

3

6

Weeks

Months

EDUCATION AND COUNSELING:

Cmpton i med + diet -

R. Primmer

at request

Signature:

Date

Time

Stamp:

H7N

6/7/10

12:05

H.T. DAO, MD

HSM-70 (8-00)

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Noted 6-11-01 C.O. 2012 R. Raddley RN 7-32

Patient Name: CARDWELL, JOHN
 Patient Account: 20004757-171
 Med. Rec. No: (0202)01041651R
 Age: 39 YRS Sex: M Race:
 Admitting Dr: *DAO,HUNG
 Ordering Dr: *DAO,HUNG
 Result to Physician:
 Location: TDCJ - HOLIDAY UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx.77340 - Telephone Number (409) 291-6896 EXT:3804

UTMB REGIONAL CHEMISTRY

06/13/01 0630				
NA	144		MMOL/L	135-145
K	3.0		MMOL/L	3.5-5.0
CL			MMOL/L	98-108
CO2	23		MMOL/L	23-31
AGAP	11			2-16
BUN	15		MG/DL	7-23
CREATININE	0.85		MG/DL	0.70-1.70
ALK PHOS	81		U/L	34-122
AST (SGOT)		106 H	U/L	13-40
ALT (SGPT)		162 H	U/L	9-51
GGT		275 H	U/L	13-58
LDH		498 H	U/L	300-600
TOTAL BILI	0.9		MG/DL	0.1-1.1
TOTAL PROT		8.2 H	G/DL	6.0-8.0
ALBUMIN	4.0		G/DL	3.2-5.2

[Signature]

06-14-01

Legend:
 H = High

CONTINUED

PRINT DATE: 06/14/01 TIME:0504
 OTHER ID:

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PAGE: 2

7-33

Patient Name: CARDWELL, JOHN
 Patient Account: 28884757-171
 Med. Rec. No: (0202)01041651R
 Age: 39 YRS Sex: M Race:
 Admitting Dr: *DAO,HUNG
 Ordering Dr: *DAO,HUNG
 Result to Physician:
 Location: TDCJ - HOLLIDAY UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

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 UTMB REGIONAL MEDICAL FACILITY ANALYSIS

	06/13/01 0630			
COLOR	YELLOW			
APPEARANCE	CLEAR			
SP GRAVITY		> 1.030		
PH				5.5-7.0
PROTEIN	NEGATIVE			NEGATIVE
GLU U QUAL	NEGATIVE			NEGATIVE
KETONES	NEGATIVE			NEGATIVE
BILIRUBIN		SMALL		NEGATIVE
BLOOD	NEGATIVE			NEGATIVE
NITRITE		POSITIVE		NEGATIVE
UROBILIN	1 EU/DL			(=1.0
LEUK ESTER	NEGATIVE			NEGATIVE
MICRO EXAM	DONE			
RBC/HPF	OCCASNL			
WBC/HPF	RARE			
BACTERIA		MODERATE		

06-14-01

Legend:

* = Abnormal
 END OF REPORT

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PRINT DATE: 06/14/01 TIME:0504
 OTHER ID:

7-34

Patient Name: CARDWELL, JOHN
 Patient Account: 28084757-171
 Med. Rec. No: (0202)01041651R
 Age: 39 YRS Sex: M Race:
 Admitting Dr: *DAO, HUNG
 Ordering Dr: *DAO, HUNG
 Result to Physician:
 Location: TDCJ - HOLLIDAY UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
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 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx. 77340 - Telephone Number (409) 291-6896 EXT:3804

 UTMB REGIONAL HEMATOLOGY

06/13/01 0630

WBCx10 ³			CNM	4.5-10.5
RBCx10 ⁶	4.49		CNM	4.25-5.65
HGB	14.7		g/dL	13.5-17.0
HCT	41.2			37.0-50.0
MCV	91.8		fL	82.0-97.0
MCH	32.7		pg	27.0-33.0
MCHC	35.7			31.0-36.2
RDW	14.1			11.0-14.1
PLTx10 ³			CNM	150-400
MPV	10.3		fL	7.8-11.2
GRAN%	48.1			45.0-78.0
LYMPH%	38.4			20.0-51.0
MONO%	8.1			4.0-12.0
EOS%	4.7			0.0-6.0
BASO%	0.7			0.0-2.0
GRAN#x10 ³	2.1		CNM	2.1-7.4
LYMPH#x10 ³	1.7		CNM	1.3-4.4
MONO#x10 ³	0.4		CNM	0.2-0.9
EOS#x10 ³	0.2		CNM	0.0-0.4
BASO#x10 ³	0.0		CNM	0.0-0.2

Legend:
 L = Low

06-14-01

CONTINUE

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PAGE: 1

MEDICAL RECORD COPY

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McGillish/M. Cardwell 4258

Patient Name: CARDWELL, JOHN
 Patient Account: 20004757-142
 Med. Rec. No: (0202)01041651R
 Age: 39 YRS Sex: M Race:
 Admitting Dr: SHARBAZ, A. NP
 Ordering Dr: SHARBAZ, A. NP
 Result to Physician:
 Location: TDCJ - HOLLIDAY UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx.77340 - Telephone Number (409) 291-6896 EXT:3804

UTMB GALVESTON CLINICAL CHEMISTRY

06/13/01 0630

HCV Ab
 HBsAB
 HBsAg

NEGATIVE

POSITIVE
 POSITIVE

Legend:

* = Abnormal
 END OF REPORT

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PRINT DATE: 06/15/01 TIME:0505

OTHER ID:

7-36

Patient Name: CARDWELL, JOHN
 Patient Account: 28884757-171
 Med. Rec. No: (0202)01041651R
 Age: 39 YRS Sex: M Race:
 Admitting Dr: *DAO,HUNG
 Ordering Dr: *DAO,HUNG
 Result to Physician:
 Location: TDCJ - HOLIDAY UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx.77348 - Telephone Number (409) 291-6896 EXT:3804

UTMB REGIONAL CHEMISTRY

06/13/01 0630

CHOL	125		MG/DL	120-200
TRIG	75		MG/DL	30-170
HDL CHOL	44		MG/DL	30-70
LDL CHOL	66		MG/DL	< 160
LDLC/HDL	1.50			< 3.55
HDL RATIO	2.8			< 5.0
VLDL	15		MG/DL	5-60

END OF REPORT

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PRINT DATE: 06/15/01 TIME:0505

OTHER ID:

McGillish/M Cardwell 4258

Patient Name: CAROWELL, JOHN
 Patient Account: 20004757-142
 Med. Rec. No: (0202)01041651R
 Age: 39 YRS Sex: M Race:
 Admitting Dr: *DAG, HUNG
 Ordering Dr: *DAG, HUNG
 Result to Physician:
 Location: TDCJ - HOLLIDAY UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx. 77340 - Telephone Number: (409) 291-6896 EXT:3804

 UTMB GALVESTON IMMUNOCHEMISTRY

HIV 1/2 Ab
 06/11/01 0700
 NEGATIVE

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MEDICAL RECORD COPY

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Patient Name: CAROWELL, JOHN
 Patient Account: 20004741-477
 Med. Rec. No: (0202)01041651R
 Age: 39 YRS Sex: M Race:
 Admitting Dr: *DAO,HUNG
 Ordering Dr: *DAO,HUNG
 Result to Physician:
 Location: TDCJ - HOLLIDAY UNIT

UTMB LABORATORIES
 University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
 UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
UTMB/TDCJ-RMF - Huntsville Tx. 77340 - Telephone Number (409) 291-6896 EXT:3804				
***** UTMB REGIONAL SEROLOGY *****				
RPR QUAL	06/11/01 0700	NON REAC		NON REAC

END OF REPORT

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PRINT DATE: 06/13/01 TIME: 0505
 OTHER ID:

06-13-01

830

D

7-39

Patient Name: *Cardwell, John*
 Inmate Number: *1041651*
 Inmate Location: *NF*
 Date of Birth: *4-7-61* Sex: *M* Race: *W*

UTMB Laboratories, Galveston, TX 77555-0743 • Telephone:
 Estelle Regional Laboratory • Telephone: (409) 291-6896

Diagnosis:
 ICD-9 Code:

Physician
 Full Name: *A. Shabrey / KR*

Collected
 Date and Time: By:

Order
 Date and Time: *10-11-01 2084*

☒ ROUTINE ☐ ASAP ☐ STAT Reason for ASAP or STAT:

Serum Separator Tube	Lavender Top Tube	Blue Top Tube
Cardiac Panel (Enzymes)	CBC with Differential	PT
Cardiac Risk Panel (Lipids)	CBC without Differential	APTT
Chem 4	Hemoglobin A1C	Microbiology
Chem 6	Sedimentation Rate	AFB (Patient in Isolation)
Chem 10	CD4	Source
Glucose: <input type="checkbox"/> Random <input type="checkbox"/> Fasting <input type="checkbox"/> 2 hr. PP	Red Top Tube	Routine Culture
BUN	Carbamazepine (Tegretol)	Source
Creatinine	Gentamicin <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random	Blood Culture
Hepatitis Panel	Lithium	Chlamydia/GC. Probe Source
<input checked="" type="checkbox"/> HCV	Phenytoin (Dilantin)	Ova & Parasites
Thyroid Panel	Phenobarbital	KOH Prep. Source
Renal Panel	Valproic Acid	Miscellaneous
Iron Panel	Vancocycin <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random	<i>HBV</i>
<input checked="" type="checkbox"/> Liver Panel	Urine	
Theophylline	Urinalysis	
HIV 1 & 2 Antibody	24 Hour Urine Collection Volume: _____ mLs	
RPR <input type="checkbox"/> Initial <input type="checkbox"/> Reactive Follow-Up		

Instructions on back.

CHART

7-40

Patient Name: Curtwell, John
 Inmate Number: 1041051
 Inmate Location: NF
 Date of Birth: 9-1-61 Sex: (M) Race: W

UTMB Laboratories, Galveston, TX 77550 • Telephone: 1-800-522-7433
 Estelle Regional Laboratory • Telephone: (409) 291-6896 ext. 3804

Diagnosis:
 ICD-9 Code:
 Physician Full Name: Hung Dao/KR

Collected Date and Time: _____ By: _____ Order Date and Time: 6-11-01 C DYS

☒ ROUTINE ☐ ASAP ☐ STAT Reason for ASAP or STAT: _____

Serum Separator Tube	Lavender Top Tube	Blue Top Tube
Cardiac Panel (Enzymes)	<input checked="" type="checkbox"/> CBC with Differential	PT
<input checked="" type="checkbox"/> Cardiac Risk Panel (Lipids)	CBC without Differential	APTT
Chem 4	Hemoglobin A1C	Microbiology
<input checked="" type="checkbox"/> Chem 8	Sedimentation Rate	AFB (Patient in Isolation) _____ Yes
Chem 10	CD4	Source _____
Glucose: <input type="checkbox"/> Random <input type="checkbox"/> Fasting <input type="checkbox"/> 2 hr. PP	Red Top Tube	Routine Culture
BUN	Carbamazepine (Tegretol)	Source _____
Creatinine	Gentamicin <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random	Blood Culture
Hepatitis Panel	Lithium	Chlamydia/GC. Probe Source _____
HCV	Phenytoin (Dilantin)	Ova & Parasites
Thyroid Panel	Phenobarbital	KOH Prep. Source _____
Renal Panel	Valproic Acid	Miscellaneous
Iron Panel	Vancomycin <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random	
Liver Panel	Urine	
Theophylline	<input checked="" type="checkbox"/> Urinalysis	
HIV 1 & 2 Antibody	24 Hour Urine Collection Volume: _____ mLs	
RPR <input type="checkbox"/> Initial <input type="checkbox"/> Reactive Follow-Up		

Instructions on back.

CHART

T18

7-41

Patient Name: <i>Cardinal John</i> Inmate Number: <i>1041151</i> Inmate Location: <i>F-10</i> Date of Birth: <i>1-1-61</i>		UTMB Laboratories, Galveston, TX 77555-0743 • Telephone: 1- Estelle Regional Laboratory Telephone: (409) 291-6896 e	
Diagnosis: ICD-9 Code:		Physician: Full Name: <i>a Shubray / KR</i>	
Collected: Date and Time:		Order: Date and Time: <i>6-11-01/e084</i>	
ROUTINE <input checked="" type="checkbox"/> STAT <input type="checkbox"/> Reason for ASAP or STAT:			
From Separator Name	Separator Code	From Separator	
Cardiac Panel (Enzymes)	CBC with Differential	PT	
Cardiac Risk Panel (Lipids)	CBC without Differential	APTT	
Chem 6	Hemoglobin A1C	Microbiology	
Chem 8	Sedimentation Rate	AFB (Patient In Isolation)	
Chem 10	CD4	Source	
Glucose: <input checked="" type="checkbox"/> Random <input type="checkbox"/> Fasting <input type="checkbox"/> 2 hr PP	Red Top Tube	Routine Culture	
BUN	Carbamazepine (Tegretol)	Source	
Creatinine	Gentamicin <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random	Blood Culture	
Hepatitis Panel	Lithium	Chlamydia/GC. Probe Source	
✓ HCV	Phenytoin (Dilantin)	Ova & Parasites	
Thyroid Panel	Phenobarbital	KOH Prep. Source	
Renal Panel	Valproic Acid	Miscellaneous	
Iron Panel	Vancomycin <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random	HBV	
✓ Liver Panel	Urine		
Theophylline	Urinalysis		
HIV 1 & 2 Antibody	24 Hour Urine Collection Volume: mLs		
RPR <input type="checkbox"/> Initial <input type="checkbox"/> Reactive Follow-Up			
Instructions on back		CHART	

→ **RADIOLOGY REQUEST** ←

Facility NF Date 6/13/01
 NAME CARDWELL, John
 TDCJ# 1041651 DOB 9-1-61 SEX M
 Date Performed 6/14/01 R.T. Initials Kg

Medical History and Indication for Exam:

Requesting Clinician

CIRCLE REQUESTED EXAMINATION

AC Joints	R	L	Pelvis			Cervical Spine	3-View	<u>Chest 1-View</u>
Clavicle	R	L	Sacrum				5-View	Chest 2-View
Shoulder	R	L	S.I. Joints			Thoracic Spine		Ribs
Humerus	R	L	Hip	R	L	Lumbar Spine	3-View	Abdomen 1-View
Elbow	R	L	Femur	R	L		5-View	Abdomen Series
Forearm	R	L	Knee	R	L	Nasal Bone		UGI
Wrist	R	L	Leg	R	L	Facial Bones		GB
Hand	R	L	Ankle	R	L	Mandible		IVP
Finger			Foot	R	L	Sinuses		OTHER
			Toe			Skull		

Tentative Impression:

Clinician Signature

CHEST:

No active infiltrate can be identified. The heart and mediastinum are within normal limits.

J. Dangizer, M.D.
Radiologist

dr:6/15/01

dd:6/15/01

dt:6/15/01

jbm

06-19-01

D

no

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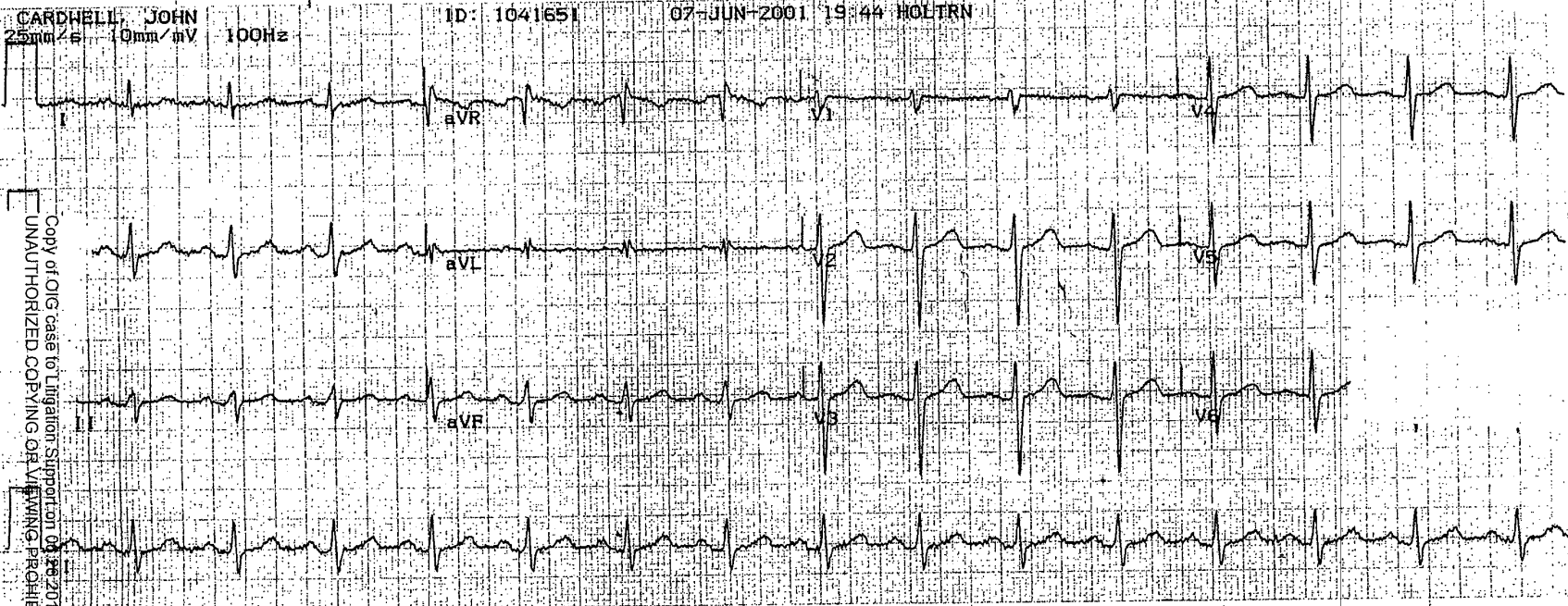
McGillish/M. Cardwell 4264

DOB 7/1/61

NAME: Cardwell, John TDC# _____

DATE DONE _____

Aug. 29



MARQUETTE ELECTRONICS INC.

JUPITER, FLORIDA U.S.A.

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McCollum/ Cardwell-165

CARDWELL, JOHN ID: 1041651 07-JUN-2001 19:44
Med: None 65y 21218 Loc: 23 Room: 92 BPM
Sex: M Race: Cavo Vent. rate: 92 BPM
Cart: 4 Tech: VGL PR interval: 168 ms
QRS duration: 98 ms
QT/QTc: 356/438 ms
P-R-T axes: 62 16 62
Pgm 110B/110 Unconfirmed
Referred by: DAO
NORMAL SINUS RHYTHM
NORMAL ECG

6-8-01
Chester (Jerry) O. Jones, PA-C

**TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW**

NAME: Cardwell JohnTDCJ#: 1041657**I. OUTGOING CHART REVIEW**

Date: _____ Time: _____ Facility: _____
 Transfer to: _____ Allergies: _____
 Method and time of travel appropriate: YES ☐ NO ☐
 Date last PPD ☐ / CXR ☐ X-Rays sent: YES ☐ NO ☐ N/A ☐
 Current Med Pass on chart: YES ☐ NO ☐ DOT: YES ☐ NO ☐ Meds sent: YES ☐ NO ☐ N/A ☐
 Health Problems: Medical ☐ Dental ☐ Mental ☐
 Special Diet: _____
 Treatment/Preps: _____
 Housing Restrictions: _____ Discipline Restrictions: YES ☐ NO ☐
 Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐
 Pending Appts / Follow-ups: _____
 Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☐
 Nurse Signature/Date/Time: _____

II. ENROUTE CHART REVIEW

Date: 7-13-01 Time: 2005 Facility: RB
 Allergies: NKOA
 On Meds: YES ☐ NO ☐ DOT: YES ☐ NO ☒ Meds sent: YES ☐ NO ☐ N/A ☐
 Housing Restrictions: _____ Discipline Restrictions: YES ☐ NO ☐
 Treatment / Preps: 00
 New Orders: 0
 Pending Appointments: _____ New Medications On Computer: YES ☐ NO ☒
 Additional Comments: ACV + Chart for Review to: CID ☒ Mental Health ☐ Dental ☐
 Nurse Signature/Date/Time: Penderster R 7/13/01 Physician/Physician Extender Signature/Date/Time: _____

III. FACILITY OF ASSIGNMENT:

Date: 16 JULY 01 Time: 0915 Facility: ETA
 DOT: YES ☐ NO ☐ Allergies: _____
 Health Diagnoses: _____

Meds:	Rec'd	Exp'd	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treatments / Special Care / Follow-up / Diet / Appointments:

Chart for Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☐
 Restrictions: Housing _____ Discipline Restrictions: YES ☐ NO ☐
 Work (III) #'s _____

Nurse Signature/Date/Time: _____

Physician/Physician Extender Signature/Date/Time: _____

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7-48

**TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW**

NAME:

Cardwell, John

TDCJ#:

1041651**I. OUTGOING CHART REVIEW**

Date:

Time:

Facility:

Transfer to:

Allergies:

Method and time of travel appropriate: YES ☐ NO ☐ Medical Condition Appropriate for Travel: YES ☐ NO ☐X-rays sent: YES ☐ NO ☐ N/A ☐ Current med pass on chart: YES ☐ NO ☐ DOT: YES ☐ NO ☐Meds sent: YES ☐ NO ☐ N/A ☐ Health Problems: Medical ☐ Dental ☐ Mental ☐

Special Diet:

Treatment/Preps:

Housing Restrictions:

Discipline Restrictions: YES ☐ NO ☐Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐

Pending Appts/Follow-ups:

Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☐

Nurse Signature/Date/Time:

II. ENROUTE CHART REVIEWDate: 6/29/01Time: 1110Facility: GROn Meds: YES ☒ NO ☐ Meds rec'd: YES ☐ NO ☐ DOT: YES ☐ NO ☒ X-rays rec'd: YES ☐ NO ☒

Housing Restrictions:

Treatment/Preps:

New Orders:

New Medications On Computer: YES ☐ NO ☒

Pending Appointments:

Chart for Review to: CID ☐ Mental Health ☒ Dental ☐Additional Comments: S3NT

Nurse Signature/Date/Time:

Physician-PE Signature/Date/Time:

III. FACILITY OF ASSIGNMENT:

Date:

Time:

Facility:

DOT: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ Date last PPD ☐ / CXR ☐X-rays rec'd: YES ☐ NO ☐

Health Diagnoses:

Meds:

Rec'd ☐Exp'd ☐

MD Reorder

Treatments/Special Care/Follow-up/Diet/Appointments:

Chart to Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☐Restrictions: Housing ☐ Discipline: YES ☐ NO ☐ Work ☐

Nurse Signature/Date/Time:

Physician-PE Signature/Date/Time:

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7-47

**TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW**

NAME: Candace L. John TDCJ#: 1041651

I. OUTGOING CHART REVIEW

Date: _____ Time: _____ Facility: _____
 Transfer to: _____ Allergies: _____
 Method and time of travel appropriate: YES ☐ NO ☐ Medical Condition Appropriate for Travel: YES ☐ NO ☐
 X-rays sent: YES ☐ NO ☐ N/A ☐ Current med pass on chart: YES ☐ NO ☐ DOT: YES ☐ NO ☐
 Meds sent: YES ☐ NO ☐ N/A ☐ Health Problems: Medical ☐ Dental ☐ Mental ☐
 Special Diet: _____
 Treatment/Preps: _____

Housing Restrictions: _____ Discipline Restrictions: YES ☐ NO ☐
 Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐
 Pending Appts/Follow-ups: _____
 Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☐
 Nurse Signature/Date/Time: _____

II. ENROUTE CHART REVIEW

Date: 6/25/01 Time: 1130 Facility: OUT
 On Meds: YES ☒ NO ☐ Meds rec'd: YES ☒ NO ☐ DOT: YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐
 Housing Restrictions: none
 Treatment/Preps: _____

New Orders: None
 New Medications On Computer: YES ☒ NO ☐ Pending Appointments: 6/25/01
 Chart for Review to: CID ☐ Mental Health ☒ Dental ☐
 Additional Comments: _____

Nurse Signature/Date/Time: [Signature] Physician-PE Signature/Date/Time: _____

III. FACILITY OF ASSIGNMENT:

Date: _____ Time: _____ Facility: _____
 DOT: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ Date last PPD ☐ CXR ☐
 X-rays rec'd: YES ☐ NO ☐
 Health Diagnoses: _____

Meds:	Rec'd <input type="checkbox"/>	Exp'd <input type="checkbox"/>	MD Reorder
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treatments/Special Care/Follow-up/Diet/Appointments: _____

Chart to Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☐
 Restrictions: Housing _____ Work _____
 Discipline: YES ☐ NO ☐
 Nurse Signature/Date/Time: _____
 Physician-PE Signature/Date/Time: _____

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Cardwell, John
TDCJ No.: 1041651
Unit: NF

[illegible]

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7-50

CLINIC NOTESTEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Cardwell, John
 TDCJ No.: 1044651
 Unit: UF

Date & Time	Notes
	MENTAL HEALTH SERVICES PSYCHIATRIC CLINIC VITAL SIGNS
	WT. 212 BP/24/88 RESP. 18 P. 88 TEMP. 97
6/13/01	S - tense, disturbed by tremors, muscle aches, tingling, occasional fearfulness
	O - apprehensive, occasionally, musical hallucinations, tremors (R leg) - alkaline, akinesia, pill rolling,
	R - Palsies balance aware.
6/13/01	Major depression recurrent.
	P - ✓ Risperidone 2mg qHS + 2 refills.
	✓ Risperidone 2mg qHS + 30 days + 2 refills.
	✓ Paracetamol 500mg qHS + 30 days + 2 refills.
	✓ Paracetamol 500mg qHS + 30 days + 2 refills.
6/13/01	RTC 30 days. W. O'Connor M.D.
6/13/01	1428 noted <u>Diabetes (M.H.)</u>
6/13/01	74S Pneumococcal vac 0.5ml given IM to LA w/ no SE noted <u>Dr. Hunter</u>
6/13/01	1930 No CXR + PPD 15mm Smed
	<u>W. O'Connor M.D.</u> Noted 6/13/01 1931 <u>Dr. Hunter</u>
	Noted 6/13/01 1000 <u>Dr. Hunter</u>

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Cardwell, John Wesley
TDCJ No.: 1041651
Unit: NF

Date & Time	Notes
11/10/08 50	INTAKE PROCESSING (PATIENTS WITH HIGH RISK BEHAVIOR)
NO	1. History of unprotected sex with multiple partners
NO	2. History of homosexual or bisexual activities with multiple partners
yes	3. History of intravenous drug use <i>2 needle sharing partners</i>
yes	4. HIV pretest counseling done
yes	5. Verbal consent given for HIV testing
N/A	6. Refusal signed for HIV testing
	HIV test (Smo) by 40. Dr Dao / K Johnson / CD
	noted 6/11/01 0852 K Johnson / CD
6/11/01 1700	Give pneumococcal vac 0. Smc Smz cc Hx
V/O Dr Dao / 2 Little R	noted 6/11/01 1701 Hunter

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TDCJ 1041651 06

CARDWELL, JOHN WESLEY

Name: CARDWELL, JOHN WESLEY

TDCJ No. REC'D 06-07-01

Unit: DATE EXAM 06-11-01 NF

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Date & Time	Notes
6-11-d	Administer 3 dose regimen of Hepatitis B Vaccine (20mcg/ml dose)
6-11-01	1. 1 st dose- 1ml IM on elected day. 6/11/01
6-11-01	2. 2 nd dose- 1ml IM 2 months later.
6-11-01	3. 3 rd dose- 1ml IM 4 months after the 1 st dose.
6-11-01 0840	1/6 DAS 1/8 Hughes & VU A. SHABAAZ, N.P.
6-11-01 0840	PE done Pathes P=3MP E=2
6-11-01 0840	W 19M 18 11 18, 20 A. SHABAAZ, N.P.
6-11-01 0840	Noted 6-11-01c 0915 K Roddey PR

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CLINIC NOTES

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION**

Name: Carlene John

TDCJ No.: 288 4546 104165

Unit: NF

Date & Time	Notes
06/07/21 1225	OK in Clinic from backdoor from Wmson. Co. C/C 1H & 1 month - Joke last med. for B/C 06/05/21. Gen HSm 70 Rgr to provider for further eval. Repetitive

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: CARDWELL, JOHN
TDCJ No.: 9/1/61 1041651
Unit: HOLLIDAY

Date & Time	Notes
06 07 01	MENTAL HEALTH
1300 hrs	The offender was received from the county jail on a regimen of psychiatric medication. The psychiatrist wants the PUHLES changed temporarily to S3NT to reflect the fact that this offender is on medication. This will assist Unit Classification in not transferring him to a unit that is not able to deal an offender on psychiatric medication. The psychiatrist wants the medications continued pending the next scheduled consultation clinic.
	PUHLES Change S-3NT
	DIAGNOSIS: Deferred
	MEDICATIONS:
	Jail Medications: Respiridol 3mg qhs Pamelor 75mg qhs
	Current Orders: ✓ Respiridol 3mg qhs(8pm) x 7 days. Pamelor 75mg qhs(8pm) x 7 days.
	Vladimir Orlovsky / Z Little re noted 6/7/01 / SIO Jhuitten

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7-54

**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL
INVESTIGATIONS DIVISION**

**CRIMINAL CASE
VOLUNTARY STATEMENT**

STATEMENT OF LARRY BERGER [REDACTED]
GIVEN THIS 5th DAY OF October, 2001

On 7-16-01 at approximately 1750 hours, I was notified by Sgt. March that she had a unresponsive offender on 7 building. She stated that medical advised that they needed to load him upon the stretcher and come to medical. I left the count room and walked to medical. When I arrived at medical, there were 4 medical personal sitting at the desk. I knew two of the medical personal, LVN Newman and Mrs. Sherman. The two others I didn't pay attention to. Ms. Newman then stated to me, are you here to get a gurney? She then said why are you looking at me that way. I must have had a frown. I then stated; you know we have a unresponsive offender on 7 building. Ms. Newman then said I'm not going down there. She did walk with me to get the stretcher. I advised her I was not here to get it, but when it became obvious that no one was, I retrieved the stretcher. I then proceeded towards the front of medical where I spoke with Ms. Sherman. She wanted to know if the offender was faking it! I advised her I did not know, I was not down there and I did not do any pain compliance techniques to see if he was faking. At this time, we were at the nurses station. Ms Sherman then stated: I'll go with you and we started out the door and into the lobby. As we reached the exit door of 10 building she asked if I was going down to the building and I said yes. Officer Merklin was walking up at that time Ms. Sherman then said: I'll wait here for you. Officer Merklin and I responded to 7 building. I viewed an Offender on the floor on a green stretcher that was broken (Offender Cardwell, John #1041651). I then picked the offender up with assistance of another offender on the other end and placed him on the gurney. The offender was then wheeled to medical. The offender was screened by LVN

Date October 5, 2001
Signature Larry Berger

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[Signature]
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Newman, Sherman and Dr. Wipperman. The offender had a temperature of 106.8 at 1800 hours. I then requested Capt. Oglesby to respond to medical. The offender was treated with ice packs, IV and oxygen. There was an ambulance that was pulling into the unit for another transport (Pierce, Williams 773279 7G-44B) who had stomach pains. Dr. Wipperman was telling the ambulance to load up offender Peirce, because the ambulance was from Electra, and the offender needed to go there. I spoke with the ambulance personal and advised that there was an offender (Cardwell) who had a very temp. of 106.8. the paramedic advised he could take Cardwell if he was a priority. I then started to unsecure the offender to get him off the gurney. Dr. Wipperman then asked the paramedic, you can do that? and he said yes they could divert, to W.G.H. She then said ok then take Cardwell. At this point, Pierce was already up and off the gurney. Offender Cardwell was assisted to the gurney, and then to the ambulance. I then gave a short narrative of the situation. It should be noted that I sent offender Pierce to the infirmary at chow time at approx. 3:45 due to complaints of throwing up water. Medical advised they would look at him. I was never informed of any other incidents with this offender, or medical needs. Offender Cardwell left the unit at approximately 1820 hours in route to W.G.H. I then Proceeded up to 1 building where Officers were writing their statements. I spoke with Offender Edwards who stated he was Cardwell's cellie. Edwards stated that his cellie came into the cell and was acting like he was a psych. patient and was scared. Cardwell was on the run and in the shower, Edwards states he was acting like he was on heavy meds. Edwards stated he sat on the bottom bunk and Ms. Stewart got ready to count, and counted. After she entered 2 section Edwards states his cellie fell off the bunk and would not talk. Edwards states that when Redder came to do the roster count, he told him he would not respond.

Officer Redder then opened the cell door and attempted to get him to respond without any success. Officer Redder then requested Sgt. March and advised there was a unresponsive offender. The desk called medical from there.

I was present during the interview with Retha Stewart. She advised that she found the offender in the shower on the run. She said he was acting funny, and seemed to be a psych. patient. She said that he was given a towel by an offender and was fixing to shower but he got up, walked out of the shower, went, and sat on the end of the run. She then stated that she talked him into his cell. About that time, Capt. Oglesby took a telephone call from Warden Treon. Ms Stewart and I stepped outside of the office, at which time she told me that she touched the



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offender before this and he was very hot. She told Redder to call Sgt. March twice, and advised she finally went to the D-space sallyport and yelled at the desk officer Morales to have Sgt. March come see her.

Capt. Oglesby finished his telephone call and I advised Officer Stewart she needed to make sure that the Captain was aware of this and it was in her statement as such. We then reentered the office and Captain Oglesby finished his interview with Ms. Stewart (see IOC).

Officer Redder had already left the unit. I attempted to call his residence, but no answer. A message to call the unit was left on his answering machine to call the unit as soon as possible.



10-5-01
Date

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**Texas Department of Criminal Justice
INSTITUTIONAL DIVISION**

Inter-Office Communications

To: Warden R. Treon

Date: 07-16-01

From: Sgt. F. March *fm*

Subject: Offender Cardwell # 1041651

On 7/16/01 at approximately 1630, I Sgt. F. March was conducting routine security checks throughout 7 Building during the offender movements. During this time, the incoming chain and housing moves were being housed by Officer Rodriguez. At approximately 1710 Officer Pierce stopped me to notify me that an offender in 7H pod was refusing to go back into his cell. I then went down to 7H pod to investigate the situation. I talked to this offender for approximately 15 minutes on 7H pod and then returned to 7 desk to call the unit count room to check on any alternate housing locations. After talking with the count room supervisor, I returned to talk with the offender again at 7 desk area. At approximately 1735 I received a call from Capt. Oglesby that lasted approximately 2 minutes. I then started calling around for Officer Rodriguez. Officer Rodriguez entered 7 Building approximately 1745, and we then talked with the offender refusing housing and eventually convinced him to accept his housing which took approximately 4-5 minutes. I called and notified the count room that the offender was in his cell. At approximately 1750 I gathered the building count sheets and other daily paperwork and took them to 1 Bldg. At approximately 1755, Officer Morales called me at the searchers desk to notify me that there was an offender on 7G unresponsive but breathing and that medical had been notified but refused to come to the building due to lack of staff and that security would have to bring the offender to unit medical. I informed Officer Morales that I was on my way back to the building. I arrived on 7 Building at approximately 1800 to see two officers and four offenders attempting to carry Offender Cardwell on a fabric stretcher that was ripping on one side. I instructed them to put the offender down. At approximately 1802, I instructed Officer Merklin to run to unit medical and retrieve a rolling gurney which she did. At approximately 1803 I instructed Officer Shults to get the video camera and keep it on the offender. I called Lt. Berger and notified him of the situation and watched for the gurney and watched the offender from 7 Bldg. door and desk area. At approximately 1810 Officer Merklin and Lt. Berger started down 7 Bldg. walkway with the rolling gurney. I ran to meet them and helped bring the gurney into the building. The offender was lifted by the stretcher onto the gurney, and Lt. Berger and myself escorted the offender to unit medical where four medical staff were waiting to assist him.

**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL
INVESTIGATIONS DIVISION**

**CRIMINAL CASE
VOLUNTARY STATEMENT**

STATEMENT OF Priscilla Morales [REDACTED]
GIVEN THIS 5th DAY OF October, 2001

On 07-16-01 at approximately 1750 hours, I received a phone call from Officer Stewart at 7 desk. She was working "G" and informed me that an offender was looking ill and that medical attention might be needed. After I hung up with her I called medical to inform them of the situation and told them I would call back after the rover checked the physical status of the offender. I then called Sgt. March to inform her of the situation and told her I would get back with her with more information. I called Officer Stewart back and she informed me that the offender was breathing but not responding. I called medical back with all the information giving to Miss. Newman. She instructed me to have the officers place the offender on a gurney and bring him to medical due to the fact she was the only nurse on duty. Officer Shults was sent down to "G" pod with the gurney. A few minutes later Officer Stewart called me back and said they needed additional help because the offender was too heavy to be picked up. At that time due to the seriousness of the situation, I sent two support staff offenders to assist. At that point they brought the offender out on the stretcher when they had to place him on the floor in front of 7 desk due to the stretcher ripping at the head piece. Sgt. March sent for the rolling stretcher all the while officer Shults was video taping. When the stretcher arrived they placed the offender on the stretcher and rolled him to medical. At that point I went down to the offender's cell to retrieve his property and

10-5-01
Date
P. Morales
Signature

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VOLUNTARY STATEMENT OF:

his cellmate said all he came with was a bible. I informed him that all his property was inventoried prior to being housed that afternoon and that it would be investigated. He reiterated that all the offender had was a bible. The bible was tagged, and placed in 1 building holding cell. I have no further knowledge of this incident.

P. Morales 10-5-01
7-2 Date

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**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL
INVESTIGATIONS DIVISION**

**CRIMINAL CASE
VOLUNTARY STATEMENT**

STATEMENT OF Stewart, Retha
GIVEN THIS 5 DAY OF October, 2001

At approximately 1630, Offender Cardwell TDCJ #1041651 was brought to 7G to be housed in 21B cell. He looked scared and was sitting in the shower. He was taking his shoes off, and the offenders in 7G-1 section were telling him that he would be alright. Offender Edwards went to get him a towel, and Offender Lassiter borrowed some shower slides from an offender in 20 cell. The offenders were telling him to take a shower and calm down. When I, Officer Stewart CO IV, found Offender Caldwell in the shower, he seemed to be very scared and when he spoke, he rambled. I went down to the picket (because you can hardly hear over the speakers). I told Officer Redder to call Sgt. March because something was wrong with the offender. Officer Redder's response was, "So?"

I went back to 3 row 1 section shower, and the offender stood up and was coming out of the shower. He told me that he was going to the bus to get his stuff. These were the first words that I understood. He appeared to be shaky. He came out of the shower with Offender Lassiter sort of guiding him. Offender Lassiter said, "Ms. Stewart, touch his arm. He is burning up." I touched his arm (above the wrist), and it was just that, very hot. Offender Cardwell sat back down in the shower stall, and I went back down to the picket to call the Sgt. I told Officer Redder that the offender was red hot. Officer Redder said, "What do you mean-red hot?" I said, "His skin is very hot. He is talking out of his head. He is sick or something is wrong." I asked him

10-05-01
Date
Retha Stewart
Signature

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to call the Sgt. Officer Redder said, "My advice is to rack him up and count." I said, "Is it 5:15?" Officer Redder said, "Close enough for me!"

I again went to 3 row 1 section shower. I went back to the offender, and he was walking around like he might not know where he was. I thought that he might be a psych. patient needing some meds. and that he was scared. With the assistance of other offenders, I got the offender out of the shower and racked him up. I went to the floor, got my clipboard, and proceeded with count. I racked up and counted all 3 sections and took my count sheet down front. Sgt. March was on the phone, so I got Officer Morales' attention and told her to tell the Sergeant that I needed to talk to her. I went into 7G control picket, and Officer Redder began the roster count. When he got to 21 cell, he motioned for me to call rank. I called the desk and talked to Ms. Morales and told her that Offender Cardwell had passed out. She hung up, then called me back and asked if the offender was breathing. I told her that he was breathing but not responding. The desk sent officers and offenders with a gurney to take Offender Cardwell to medical. They carried the offender out.


10-05-21

Date

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**Texas Department of Criminal Justice
INSTITUTIONAL DIVISION**

Inter-Office Communications

To: Warden R. Treon Date: July 16, 2001

From: F. Redder, CO IV Subject: Cardwell, John #1041651

On 07-16-01 at approx. 1630, Offender Cardwell, John #1041651 came onto the wing to move into 21 cell. At the time said offender came in, the rover was doing an out in 3 section. At approximately 1635, the rover went up to three row so the offender could put his mattress and pillow into his cell. Said offender was walking up and down the three row walkway. At approximately 1640, the rover came down to the D-space and told me that she needed a Sgt. to the pod and the said offender was not refusing housing, but that he would not go into his house. I told her to try to get him into his cell again. At no time did she notify me that she needed medical. I did not call a supervisor. At approximately 1645, she went back up to three row and was talking to the offender. The offender went into his cell, and she closed the cell door and came to the D-space. At approximately 1650, she walked to the desk and came back into the D-space. I thought the problem was resolved. At approximately 1710, she got her count sheet and started counting in 1 section. At approx. 1735, I went to 1 section 3 row to do the roster count. When I got to 21 cell, I saw that the offender was laying in the cell floor not responding to my call for his I.D. card. I got the picket to roll the cell door. I then told the other offender in 21 to step out. I then started trying to get said offender to respond. At approximately 1740, I told Officer Stewart that I needed a Sgt. and that the offender was not responding. Officer Shults and Officer Toll arrived on the pod at approximately 1745 with a cloth gurney to carry him from three row. Due to the offender's weight, I told Officer Stewart that we needed more help. Four SSI's showed up. Me, Officer Shults and Officer Toll placed the offender on the gurney, and the four SSI's carried him from the cell to the front of the desk. At that time, the cloth gurney was ripping, so the SSI's placed him on the floor in front of the desk, while Officer Merklin went to medical to retrieve a gurney to roll him to medical. At approximately 1755, Officer Merklin showed up on the building with the gurney and the offender was placed on the gurney and immediately rolled to medical. At approximately 1800, I went to medical to assist. At approximately 1810, I was asked by a nurse to help take off said offender's boots. I then left medical and returned to 7 Building. At approximately 1820 I left 7 Building to turn the roster counts in and then went to medical to talk to the captain. At the time said offender was being rolled to the ambulance. At approximately 1830 I was asked to give the E-mail to the officer leaving. I then left medical. I have no further knowledge of this incident.

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Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL
INVESTIGATIONS DIVISION

CRIMINAL CASE
VOLUNTARY STATEMENT

STATEMENT OF Randy Shults [REDACTED]
GIVEN THIS 5 DAY OF October, 2001

At 1730 Officer Morales instructed me Officer Shults and Officer Toll to get the medical gurney, go to G pod 21 cell with Officer Redder waiting we loaded offender cardwell on the gurney and call for assistance, four SSI's arrived carried him down from 3rd row and to the building desk. When the gurney ripped, Officer Morales called for a wheeled gurney from the infirmary. Sgt. March then handed me the video camera I turned it on and recorded offender to the infirmary and ambulance. Lt. Berger told me to turn off when the rear door of the ambulance closed.

10/5/01
Date
Randy Shults
Signature
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Inv. T. Paul
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